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ABSTRACT

Since many of the health problems experienced by young people are caused by preventable behaviors, such as alcohol abuse and unprotected sexual intercourse, it is important to know the extent of these behaviors among youth. The results of the 1993 Idaho Youth Risk Behavior Survey and 1992 Idaho School Health Education Survey are described in this report. It was written to stimulate discussions with educators, parents, and youth about ways to increase informed support for effective, school-based comprehensive health education programs. The Youth Risk Behavior Survey (4,032 students participating) presents statistics on the following health-related issues: unintentional and intentional injuries; tobacco, alcohol, and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancy; dietary behaviors that cause health problems; physical inactivity. Results from the risk survey indicate that Idaho youth continue to engage in behaviors that put them at risk for significant mortality, morbidity, disability, and social problems extending from youth to adulthood. Effective school-based health education programs are needed to reduce risk-taking behaviors. Results from the School Health Education Survey indicate that while the infrastructure is in place, improvements will be needed in order to provide effective comprehensive health education to all students. Contains 58 references. (RJM)

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ED 411 483

A HEALTHY LOOK AT IDAHO YOUTH

Results of the 1993 Idaho Youth Risk Behavior and 1992 School Health Education Surveys

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RESULTS OF THE 1993 IDAHO YOUTH RISK BEHAVIOR AND 1992 SCHOOL HEALTH EDUCATION SURVEYS

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Jerry L. Evans, Superintendent

by

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November 29, 1993

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Our gratitude is extended to Barbara Ivory Williams, Nancy Speicher, Annie Golden and the staff of Westat, Inc. for assisting in sampling procedures and to Leslie Wallace and Annie Lo for weighting results statistically to represent all grade 9 through 12 students in Idaho.

We recognize the Idaho State Department of Health and Welfare and the Idaho State Department of Public Safety for their reports which allowed us to describe the outcomes of the health risk behaviors discussed in this report. Finally, we would like to express our appreciation to the staff at the Division of Adolescent and School Health, U.S. Centers for Disease Control and Prevention for providing the survey instrument and portions of the background text and materials used in preparing this report.

TABLE OF CONTENTS

INTRODUCTION 1

SURVEY METHODS 2

SURVEY RESULTS 3

Youth Risk Behavior Survey 3

Unintentional and Intentional Injuries 4
Tobacco, Alcohol, and Other Drug Use 9
Sexual Behaviors That Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy 14
Dietary Behaviors that Cause Health Problems 18
Physical Inactivity 22

School Health Education Survey 25

Comprehensive School Health Programs 26

School Health Education 26
School Physical Education 26
School Health Services 26
School Nutrition/Food Services 27
School Health Environment 27
School Psychology/Counseling 27
Worksite Health Promotion 27
Integrated School & Community Resources 27

Components of Effective School Health Education 27

Results 28

SUMMARY AND CONCLUSIONS 31

REFERENCES 32

Introduction

This report describes the results of the *1993 Idaho Youth Risk Behavior Survey* and the *1992 Idaho School Health Education Survey*. Health education researchers at the University of Utah conducted the surveys and prepared this report under a competitive contract awarded by the Idaho Department of Education. Similar surveys were conducted during 1990, 1991, and 1992.

The health problems experienced by youth are caused by a few preventable behaviors, such as alcohol abuse and unprotected sexual intercourse. Tobacco use, dietary patterns that cause disease, and physical inactivity, which are behaviors established during youth, lead to health problems later in life. The increasing costs of health care demand that we teach our youth to adopt and maintain healthy behaviors. School health programs are essential to attaining this goal.

Effective school health programs in Idaho incorporate eight interdependent components:

- comprehensive school health education
- school health service programs
- school health environment
- physical education program
- school psychology/ counseling program
- school nutrition/food service program
- worksite health promotion program
- integrated school and community resources.

Schools are one of the more effective and efficient means of providing accurate information and opportunities for youth to develop skills that will enable them to adopt healthy behaviors and avoid preventable health problems.

School-based comprehensive health education is the cornerstone of successful school health programs. Planned, sequential, kindergarten through grade 12, comprehensive school health education programs which integrate health education about each of the priority health risk behaviors can be more effective than school efforts to address single categorical topics (e.g., drugs, HIV).

This report was written to stimulate useful discussions among educators, parents, and youth across Idaho about ways to increase informed support for effective, school-based comprehensive health education programs. This report also provides information to help focus the design of effective school health programs.

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Survey Methods

The Youth Risk Behavior Survey was designed by experts nationwide through the Centers for Disease Control and Prevention to measure the extent to which adolescents engage in behaviors that result in unintentional and intentional injuries; tobacco, alcohol, and other drug use; sexual behaviors; dietary behaviors that cause health problems; and physical inactivity.

The *1993 Idaho Youth Risk Behavior Survey* was approved for use in Idaho schools by Jerry L. Evans, State Superintendent of Public Instruction, and the Idaho Department of Education. This survey was identical to the National YRBS with two exceptions: questions about sexual behavior and some questions about suicide were omitted. Additional questions about the use of inhalants, education about HIV infection and AIDS, and eating patterns were asked.

School district superintendents were contacted during November, 1992 to obtain approval to approach principals of randomly selected schools about the survey. Sufficient time was allowed to gain school board and/or parent approval, and to answer any questions about the survey. Of the 50 randomly selected schools, 36 (72%) agreed to participate in the survey on which this report is based. *The results presented in this report are statistically representative of all Idaho students in grades 9 through 12.*

During January, 1993, students in randomly selected second-period classes were asked to complete the 81-item, multiple choice YRBS. A copy of this survey can be obtained from Anne Williamson at the Idaho Department of Education (208) 334-2281. Locally identified contact persons were provided with all information and materials necessary to administer the survey and return the completed data sheets for processing.

Survey administrators were provided with detailed written instructions to ensure uniform survey administration across sites. To encourage accurate responses to sensitive questions, a strict protocol was followed to protect the privacy and confidentiality of all participating students.

Participation in the survey was voluntary. Students could decline to participate, turn in blank or incomplete survey forms, or stop completing the survey at any time.

A separate survey, the *1992 Idaho School Health Education Survey*, utilized personal interviews, telephone interviews, and written surveys to collect information about the nature and extent of HIV prevention and health education being provided in Idaho's secondary schools. A summary of the results of this survey are excerpted in this report from a separate report, *How is Your School Health...Idaho?* also prepared by the University of Utah.

The Youth Risk Behavior Survey results presented in this report are representative of all Idaho school students in grades 9 through 12.

Survey Results

Youth Risk Behavior Survey

Of the 4,032 students participating in the survey, 49.0% (1,973) were female and 51.0% (2,033) were male. Six students did not identify their gender. By grade, 29.2% were enrolled in the 9th grade, 25.5% in the 10th grade, 24.6% in the 11th grade, and 19.6% in the 12th grade (1.1% were ungraded or in other grades).

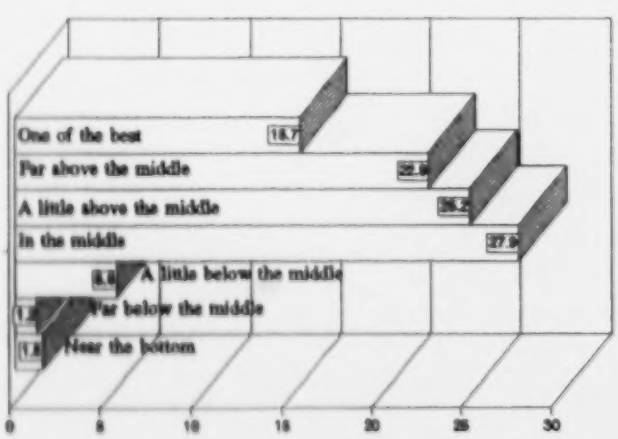
Of the students participating in the survey, 88.6% described themselves as white, 1.1% as black, 4.3% as Hispanic, and 5.7% described themselves as other. (0.3% did not report their ethnicity).

When asked *"Compared to other students in your class, what kind of student would you say you are?"* more than nine out of ten (91.5%) students rated themselves as at or above the middle.

For each priority health risk behavior the following information is provided in this section of the report:

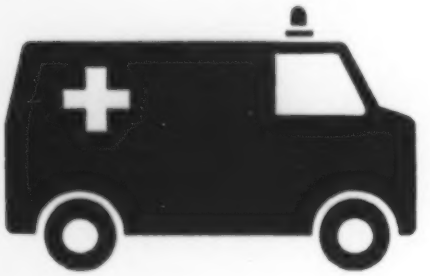
- Summary statements from the U.S. Centers for Disease Control and Prevention (CDC) about the consequences of engaging in various health risk behaviors,
- Idaho-specific statistics regarding the consequences of engaging in health risk behaviors.
- Adolescent Health Objectives for the Year 2000 from the U.S. Department of Health and Human Services, Public Health Service (PHS), and
- 1993 Idaho YRBS results depicted in graph- and bullet-statement form.

This presentation format was designed to allow the reader to draw conclusions about the importance of the priority health risk behaviors and the extent to which Idaho public high school students engage in these behaviors.



Students' Perceptions of the Kind of Students They Are

UNINTENTIONAL AND INTENTIONAL INJURIES



The Times-News, August 29, 1993

Trouble in our schools: School officials say confiscated weapons reveal eroding values

Brad Bowlin

youngsters head back
hool this fall, some
ack more than Pee
folders and No. 2
backpacks.

from students inside the school. Strict rules call for suspension and possible expulsion of any student caught bringing weapons to school.

A lack of effective
ments for juveniles

Post Register, September 1, 1993

Girl hurt in bike crash

A 13-year-old girl escaped serious injury
Monday when she was hit by a car while r
bicycle and was thrown nearly 60 feet.
The girl rode into the path of a car at a
intersection at about 4 p.m., according t
report. The driver, 30, told police he
traveling about 35 mph and couldn't a
accident. No citations were issued.
The driver administered first aid t
had multiple abrasions but no brok
was listed in
at a local ho

Coeur D'Alene Press, August 19, 1993

Cyclist dies after accident

A 17-year-old boy died Wednesday after a vehicle struck him while he was riding a bicycle on a local highway.

Police said the boy pulled out into traffic from the road at 11:30 a.m. and was hit by a Chevy

dent
r
said Idaho

The Post Register, August 23, 1993

Girl hurt in rollover

A 17-year-old girl was flown by emergency helicopter to a regional medical center following an early morning truck accident Sunday.

The victim was in a guarded but stable condition this morning with head injures. Two others ages 19 and 22 were treated and released.

The driver, 22, was charged with driving too fast around a curve after his pickup truck rolled at about 2:45 a.m., according to a sheriff's department report.

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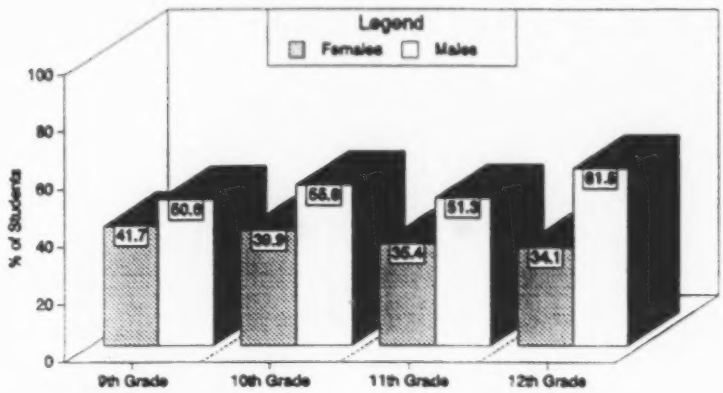
Unintentional and Intentional Injuries

Idaho's injury death rate has consistently been higher than the national rate (Louis, 1993). Because injuries claim so many lives of children and adolescents, they are accountable for more potential years of life lost than the three leading causes of death in Idaho combined. Homicides, suicides, and accidents accounted for 86.2% of all fatalities for 15-24 year olds during 1991 in Idaho (Idaho Department of Health and Welfare, 1991).



Percentage of Students Who Never, Rarely, or Sometimes Wore Seatbelts When Riding in a Car Driven By Someone Else

SEAT BELT USE

Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55% (National Committee for Injury Prevention and Control, 1989). Increasing the use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year (U.S. Department of Health and Human Services, 1990a).

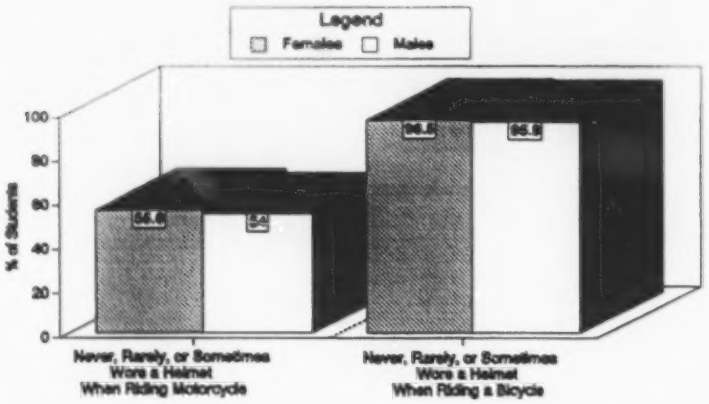
Idaho YRBS Results:

- 24.4% of all students "Always" wore a seatbelt when riding in a car driven by someone else.
- Females were much more likely to "Always" wear seatbelts (29.3%) than males (19.1%).

Year 2000 Objective: ***Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of automobile occupants.***

MOTORCYCLE AND BICYCLE SAFETY

Head injury is the leading cause of death in motorcycle and bicycle crashes (National Committee for Injury Prevention and Control, 1989). Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders (National Highway Traffic Safety Administration, 1980). In addition, the risk of head injury for unhelmeted bicyclists is more than 6 1/2 times greater than for helmeted riders (Thompson, Rivara, & Thompson, 1989).



Percentages of Students Who Rode Motorcycles or Bicycles that Never, Rarely, or Sometimes Wore a Helmet While Riding

Year 2000 Objective: ***Increase the use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.***

Idaho YRBS Results:

- Of the students (48.7%) who rode a motorcycle in the past 12 months, 30.0% "Always" wore a helmet. 15.0% wore a helmet "Most of the Time."
- Of the students (82.9%) who rode a bicycle in the past 12 months, 1.3% "Always" wore a helmet.

MOTOR VEHICLE SAFETY

Motor vehicle crash injuries, more than half of which involve alcohol (U. S. Department of Health and Human Services, 1990b), are the leading cause of death among youth age 15-24 in the United States (National Highway Traffic Safety Administration, 1988). Alcohol-related traffic crashes cause serious injury and permanent disability and rank as the leading cause of spinal cord injury among adolescents and young adults (National Highway Traffic Safety Administration, 1987).

Idaho YRBS Results:

During the past 30 days:

- One in four (25.0%) of 12th grade males drove while drinking. Over one-third (36.3%) of these students did so four or more times.
- One-third (34.5%) of all students rode in a car driven by someone who had been drinking. 32.2% of these students did so four or more times.
- 7.1% of the students under age 16 drove when they had been drinking.

Year 2000 Objectives:

Reduce deaths among youth age 15-24 caused by motor vehicle crashes to no more than 33 per 100,000 people.

Reduce deaths among people age 15-24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000.

WATER SAFETY

Deaths due to drowning are the fourth leading causes of accidental injuries and deaths (Louis, 1993).

Idaho YRBS Results:

- Of those (91.3%) who went swimming in the past 12 months, 68.7% reported they swam when an adult or lifeguard was "Never," "Rarely," or only "Sometimes" present.

CARRYING OF WEAPONS

Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club. Homicide is the second leading cause of death among all adolescents and young adults (National Center for Health Statistics, 1990a) and the leading killer of black adolescents and young adults (U.S. Department of Health and Human Services, 1990b). During 1991, in Idaho, homicide was responsible for 5 deaths of youth between ages 15 and 24 (Idaho Department of Health and Welfare, 1991).

Idaho YRBS Results:

- 44.6% of male students carried a weapon during the past 30 days. More than one-half (50.7%) of these students reported carrying a gun.
- 23.3% of male students carried a weapon **on school property** during the past 30 days.

VIOLENCE IN SCHOOLS

The violence of the streets does not stop at the school door. School yard altercations are increasingly settled with guns and knives.

Year 2000 Objective: ***Reduce by 20% the incidence of weapon-carrying among adolescents age 14-17.***

Idaho YRBS Results:

- 8.4% of all students were threatened or injured with a weapon **on school property** in the past 12 months.
- 33.7% of all students had property stolen or deliberately damaged **on school property** during the past 12 months.
- 5.3% of all students did not go to school because they felt they would be unsafe at school or on their way to or from school in the past 30 days.

PHYSICAL FIGHTING

Fighting is the most important antecedent behavior for a great proportion of homicides among adolescents (U.S. Department of Health and Human Services, 1990a). The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event (Rivara, 1985). Unintentional firearm-related fatalities are a critical problem among children and young adults in the U.S. (Wood & Mercy, 1988).

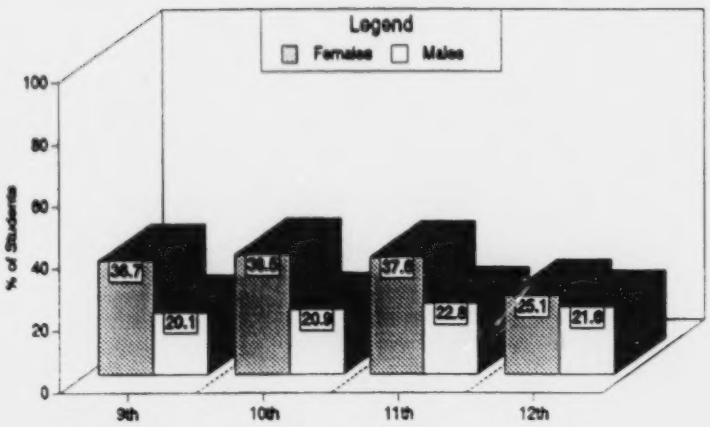
Idaho YRBS Results:

- 48.0% of all males and 32.5% of females were in a physical fight during the past 12 months. Of these students, 61.5% fought with a friend or family member the last time they were in a physical fight.
- 29.8% of 9th grade males and 24.6% of all males were in a physical fight **on school property** during the past twelve months.

Year 2000 Objective: ***Reduce by 20% the incidence of physical fighting by adolescents age 14-17.***

SUICIDE

In Idaho, suicide is the second leading cause of death among youth between ages 15 and 24. During 1991, 35 people age 15-24 died due to suicide. (Idaho Department of Health and Welfare, 1991). Nationally, suicide is the third leading cause of death among youth age 15-24 and the second leading cause of death among white males age 15-24 (National Center for Health Statistics, 1990b). The suicide rate for persons age 15-24 has tripled since 1950 (U.S. Department of Health and Human Services, 1990b).



Percentages of all Students who Seriously Considered Suicide By Grade

Idaho YRBS Results:

- More than one in three (34.8%) female students and 28.5% of all students seriously considered attempting suicide during the past 12 months.
- 36.7% of 9th grade females and 25.1% of 12th grade females seriously considered attempting suicide during the past 12 months.
- One in five males (21.4%) had seriously considered suicide during the past 12 months.

FOR MORE INFORMATION CONTACT:

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Sally Tiel, Guidance/Assessment and Evaluation Coordinator
Anne Williamson, HIV/AIDS/Health Education Consultant

Idaho Department of Education
(208) 334-2281

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TOBACCO, ALCOHOL, AND OTHER DRUG USE

The Idaho Statesman, August 28, 1993

Study: Each cigarette shortens life by 7 minutes

Every cigarette steals seven minutes

States that year – more than died from alcohol, drugs, car crashes and AIDS combined, Eriksen said.

And those premature deaths added up to 5.04 million years of life that cigarettes stole from Americans in 1990 alone, the CDC concluded.

The Times-News, September 7, 1993

'Huffing' more serious than many think

Parents and educators often dismiss the dangers of huffing, despite its prevalence, its increasing popularity among teens and its potential deadliness, said the director of the International Institute for Inhalant Abuse in Englewood.

Nearly one-fifth of American high school seniors have tried to get high from some kind of inhalant, according to a 1991 study by the National Institute on Drug Abuse. Inhalants rank fourth in popularity among schoolchildren, behind alcohol, tobacco, and marijuana, but ahead of LSD and cocaine.

Inhalants were the drug of choice for eight-graders across the country, according to a University of Michigan study released this spring.

Inhalant institute officials say huffing is attractive to juveniles because it is cheap and the products themselves are legal. Worse, it causes more irreversible physical damage than other drugs, and can kill on the first try.

Coeur D'Alene Press, September 4, 1993

Man gets probation for buying teens beer

A local man was sentenced to two years of probation for buying a case of beer for five local teenagers before a July 17 accident that killed one of the boys.

The magistrate also withheld judgment against the man on Friday meaning his record would be wiped clean if he successfully completes probation.

The man, 21, who moved to another state, two weeks ago to live with his mother, was ordered to spend eight days in jail as part of his probation. The magistrate also said the man must drink no alcohol, break no laws and pay the local school district $100 each month for alcohol education programs during his probation.

The man admitted buying beer for the boys on July 16. Among them was a 16-year-old, who was killed later that night when a car the teens were in crashed near his hometown.

The man was working as an emergency medical technician at the time and responded to the accident. He worked on the boy with the boy's father.

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Tobacco, Alcohol, & Other Drug Use

TOBACCO USE

Tobacco use is the single most important preventable cause of death in the United States, accounting for one of every six deaths. Smoking is a major risk factor for heart disease; chronic bronchitis; emphysema; and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder. If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of smoking-related diseases (Office on Smoking and Health, 1989). In addition, smoking is related to poor academic performance and the use of illicit drugs and alcohol (Johnston, O'Malley, & Bachman, 1987). Over one million teenagers begin smoking each year (U.S. Department of Health and Human Services, 1990b).

Year 2000 Objectives:

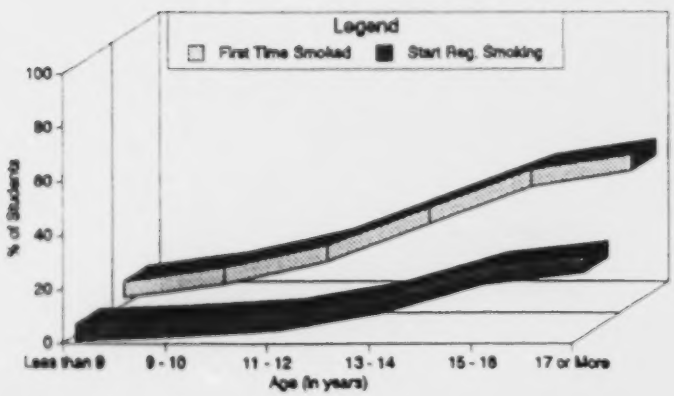
Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents age 12-17.

Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.

Reduce smokeless tobacco use by males age 12-24 to a prevalence of no more than 4%.

In Idaho during 1991, 2,299 people died due to heart disease, 1,742 were killed by cancer, and 461 died due to chronic lung disease and emphysema. These deaths accounted for 58.6% of all deaths in Idaho during 1991 (Idaho Department of Health and Welfare, 1991).

Oral cancer occurs more frequently among smokeless tobacco users than nonusers and may be 50 times as frequent among long-term snuff users. Smokeless tobacco use can lead to the development of oral leukoplakia and gingival recession and can cause addiction to nicotine (Public Health Service, 1986). Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men age 17-19 (Office on Smoking and Health, 1989).

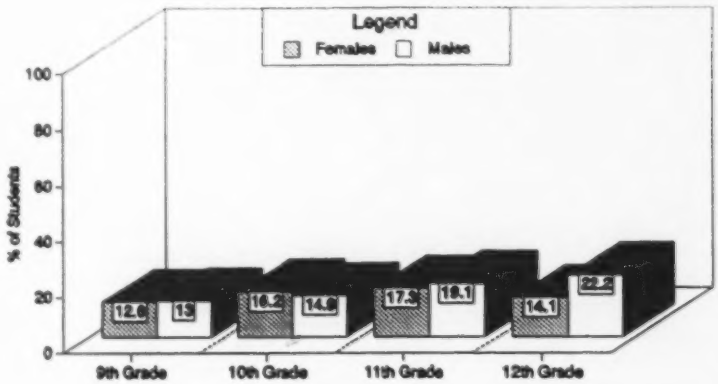


Age When 12th Grade Students Smoked a Whole Cigarette for the First Time and/or Age When 12th Grade Students Started Smoking Regularly

Idaho YRBS Results:

- 64.8% of all males and 56.1% of all females have tried cigarette smoking.
- The median age of first use of cigarettes was 12 years old for male students and 13 years old for female students. 24.7% had smoked a whole cigarette by the age of 12.
- 17.9% of all students tried to quit smoking cigarettes during the past six months.

- 24.0% of all students (23.0% females, 25.0% males) have smoked regularly, that is, at least one cigarette every day for 30 days.
- 35.9% of all 12th grade males and 23.5% of 12th grade females smoked one or more cigarettes during the past 30 days.
- 13.1% of 11th grade males and 10.2% of all 11th grade females smoked cigarettes all 30 of the past 30 days.
- 12.9% of all students smoked cigarettes on school property during the past 30 days. Of these, nearly one-third (34.1%) smoked **on school property** 20 or more days, and 48.8% smoked at school 10 days or more.
- 26.7% of all males reported having used chewing tobacco or snuff during the past 30 days as compared to 4.4% of the females.
- 24.2% of 12th grade males used chewing tobacco or snuff **on school property** during the past 30 days.



Percentages of Students Who Smoked 10 or More Days During the Past 30 Days

ALCOHOL USE

Alcohol is a major factor in approximately half of all homicides, suicides, and motor vehicle crashes (Perrine, Peck, & Fell, 1988), which are the leading causes of death and disability among young people (U.S. Department of Health and Human Services, 1990b). Heavy drinking among youth has been linked conclusively to physical fights, destroyed property, academic and job problems, and trouble with law enforcement authorities (Dryfoos, 1987). Approximately 100,000 American deaths per year are attributable to misuse of alcohol (U.S. Department of Health and Human Services, 1990b).

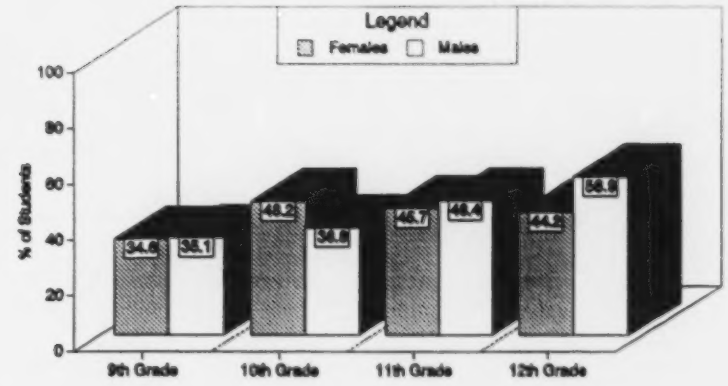
Year 2000 Objectives:

Reduce the proportion of young people who have used alcohol in the past month to 12.6% of youth age 12-17 and 29.0% among youth age 18-20.

Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college students.

Idaho YRBS Results:

- 58.2% of all male students and 44.3% of females age 18 or older drank alcohol during the past 30 days.
- One-half of the students estimated they have had at least one drink of alcohol on at least 20 days in their life.
- 30.9% of all 12th grade males and 16.0% of all 12th grade females estimated they had at least one drink of alcohol on at least 100 days in their life.
- 42.6% of 12th grade males and 25.2% of 12th grade females had a drink on at least 3 days in the past 30 days.

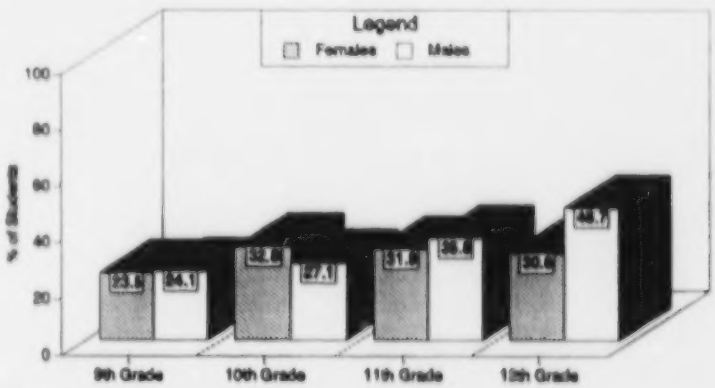


Percentages of All Students Who Drank Alcohol On At Least 1 Day During the Past 30 Days.

- 46.7% of 12th grade males and 30.6% of 12th grade females had 5 or more drinks in a row on at least one day during the past month.
- 7.9% of all students had at least one drink of alcohol on **school property** during the past 30 days.

OTHER DRUG USE

One in four American adolescents is estimated to be at very high risk for the consequences of alcohol and other drug problems (Dryfoos, 1987). Drug abuse is related to morbidity and mortality due to injury, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases, including HIV infection (U.S. Department of Health and Human Services, 1990a). Despite improvements in recent years, illicit drug use is greater among high school students and other young adults in America than in any other industrialized nation in the world (Johnston, O'Malley, & Bachman, 1989).



Percentages of All Students Who Drank 5 or More Drinks in a Row on at Least One Day During the Past 30 Days

Year 2000 Objectives:

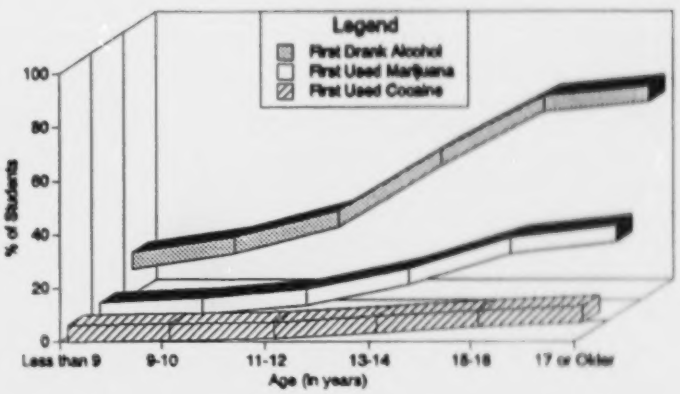
Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents age 12-17.

Reduce the proportion of young people who have used marijuana in the past month as follows: 3.2% of youth age 12-17 and 7.8% of youth age 18-20 (marijuana use); 0.6% of youth age 12-17 and 2.3% of youth age 18-20 (cocaine use).

Reduce to no more than 3% the proportion of male high school seniors who use anabolic steroids.

Idaho YRBS Results:

- 26.0% of all students have used marijuana during their life. Over one-half of these students have used marijuana ten or more times.
- One-half of those students who have used marijuana did so during the past 30 days. 34.6% of those students used marijuana **on school property.**
- Over two-thirds (68.7%) of those students who have tried cocaine (6.7%) have used the crack or freebase form of cocaine.
- 41.8% of those students who have tried cocaine have used it during the past 30 days.
- 17.1% of all females and 17.3% of all males have used other drugs, such as pills without a doctor's prescription, LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin.
- 5.6% of all males have taken steroid pills or shots without a doctor's prescription.
- When asked if they had ever injected or shot up illegal drugs, 3.7% of all male students responded that they had.



Age When 12th Grade Students First Tried Alcohol, Marijuana and Cocaine

- 28.3% of all males and 19.8% of all females reported they had been offered, sold, or given illegal drugs **on school property** during the past 12 months.
- One out of seven students had used or tried an inhalant by the time they were 13 years old.
- Over one-third (35.8%) of those students who have tried inhalants (20.1%) did so during the past 30 days.

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SEXUAL BEHAVIORS THAT RESULT IN HIV INFECTION, OTHER SEXUALLY TRANSMITTED DISEASES, AND UNINTENDED PREGNANCY

The Idaho Statesman, June 10, 1993

It's essential to talk about AIDS

As much as some parents would like to protect their children from talk of condoms, AIDS and transmitted disease mounting evidence convince

Closer to home: The District

The Idaho Statesman, July 28, 1993

Conference Aims to help slow Idaho's teen pregnancy rate

percent from 1988 to 1991, Solutions to Idaho's

of education thood of swoman . "The complex: fix." Iaho rvey in teen-age m high ers who also an half women irth

The Idaho Statesman, April 22, 1993

Legislators need to study teen pregnancy

By Blossom Turk

I think I finally unde the very essence of th concept of absurdity. same time that the n current research rev 55 percent increase 1985) in the numb births to single te state, the Idaho S Health and Welf Committee defe resolution to d statewide Task study teen-ag our state.

The Idaho Statesman, April 3, 1993

High school panel views: Should schools dispense condoms to students?

We asked our high school panel: Do you think schools should dispense condoms to help fight AIDS and teen pregnancy?

The following responses reflect the students' personal opinions, not necessarily the views of their high schools:

Junior at local school. "I think that schools should dispense condoms. Any way that can get teens to have safe sex instead of unprotected sex is good. I think that by the time teens are in high school, their values are already formed, distributing condoms won't change their values and make them have sex or not make them have sex. The teens who are having sex are going to whether or not they are protected. If condoms were distributed, they would be able to have safe sex and hopefully the teen pregnancy/AIDS statistics would be lower."

A sophomore at a local high school. "NO! People do not realize that condoms are not protective against AIDS or pregnancy. Yes, they are better than nothing, but why take risks when it's a life and death situation? I don't think we need to be encouraged to have sex and 'try to be safe' when 'safe' is the last word you could use to describe AIDS and Pregnancy."

A senior at a local high school. "Yes, I have a feeling that people think it would encourage teen-age sex. But, to be truthful, teen-agers are going to have sex, protected or not, if they have easy access to condoms, it will ensure any sex to be safe. Just because condoms are out there doesn't mean they have to have sex."

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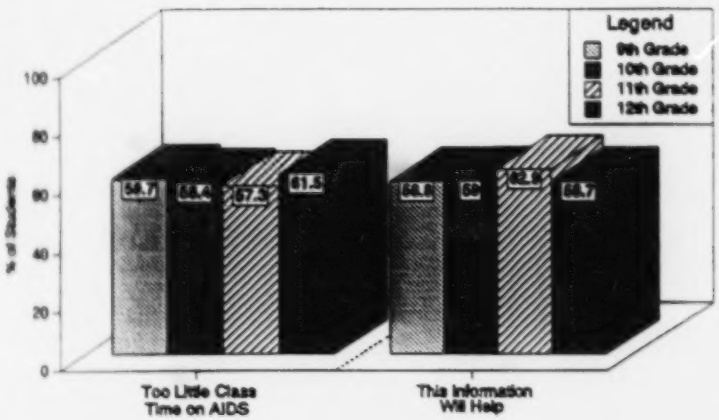
Sexual Behaviors

Although the 1993 Idaho Youth Risk Behavior Survey did not ask adolescents directly about their sexual behaviors, data available from the Idaho Department of Health and Welfare indicated that youth in Idaho are engaging in behaviors that put them at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy.

AIDS/HIV Prevention Education

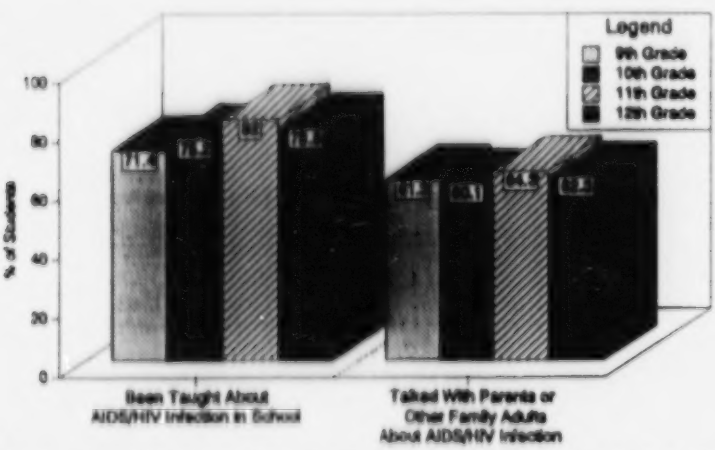
As of October 31, 1993, 206 cases of AIDS and 122 deaths attributed to AIDS were reported in Idaho. An additional 374 people were reported to be infected with HIV in Idaho (Idaho Department of Health and Welfare, 1992a).

Acquired immunodeficiency syndrome (AIDS) is the only major disease in the United States for which mortality is increasing (U.S. Department of Health and Human Services, 1990b). AIDS is the 7th leading cause of death for youth age 15-24 (National Center for Health Statistics, 1989) and is the 7th leading cause of years of potential life lost before age 65 in the United States (Centers for Disease Control, 1989a).



Students Opinions About the Amount of HIV Education They Have Received in School and Whether They Thought This Education Was Helpful

In a 1991 survey of Idaho adolescents, 46.0% of all 9th through 12th grade students indicated that they have not talked with their parents about AIDS and HIV infection (Gray, 1991). In a 1986 national survey, teens said they would like to communicate more about sex and HIV infection with their parents. Half of the teens in a 1988 survey said their parents have not provided enough information about sex and they want more discussion with their parents about sex (Miller & Laing, 1989).



Percentage of Students Who Reported Having Been Taught in School and/or Having Talked With Parents or Other Family Adults About HIV Infection and AIDS

Idaho YRBS Results:

- 37.7% of all 12th grade students (40.8% of males and 35.0% of females) reported they have done something that put them at risk for getting AIDS/HIV infections. 6.7% said they are not sure.
- Although 93.1% of all students reported they knew how to avoid getting the AIDS Virus (HIV), one in three students (32.0%) reported they had done something to put themselves at risk for getting AIDS/HIV infection.
- 59.0% said they did not feel they were receiving enough class time on the subject.
- 59.8% of all students reported that information on AIDS would help them avoid getting the AIDS virus.

SEXUAL BEHAVIORS

Major risks of early sexual activity include unwanted pregnancy and sexually transmitted diseases (STDs), including HIV, as well as negative effects on social and psychological development. The number of sexual partners and age at first intercourse are associated with a higher risk of contracting STDs. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse (Hofferth & Hayes, 1987).

Nationally, the average age of first sexual intercourse is 16.2 for girls and 15.7 for boys (Hayes, 1987). Approximately one-fourth of 15-year-old girls and one-third of 15-year-old boys have had sexual intercourse (Baldwin, 1990; Sonenstein, Pleck, & Ku, 1989). Among all adolescents, 77% of females and 86% of males are sexually active by age 20 (National Center for Health Statistics, 1988; Sonenstein et al., 1989). These figures are consistent with data collected from states surrounding Idaho (Gray & Walton 1990a, 1990b; Gray, Walton, & Alderfer, 1991b; Gray, Walton, Bosh, Roberts, & Marriott, 1993).

Year 2000 Objectives:

Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.

Increase to at least 40% the proportion of sexually active adolescents age 17 and younger who have abstained from sexual activity for the previous three months.

Year 2000 Objectives:

Reduce pregnancies among girls age 17 and younger to no more than 5%.

Increase to at least 90% the proportion of sexually active, unmarried people age 19 and younger who use contraception, especially combined method contraception that effectively prevents pregnancy and provides barrier protection.

UNINTENDED PREGNANCIES

One out of every ten teenage girls in the United States becomes pregnant each year, and nearly 470,000 give birth (Henshaw & Van Vort, 1989; Hofferth & Hayes, 1987). In Idaho during 1991, teenage mothers ages 15-17 accounted for 2,802 pregnancies. This number indicates one out of nine female teens in Idaho became pregnant in 1991 (Idaho Department of Health and Welfare, 1992b).

Nationally, teenagers account for one third of all unintended pregnancies, with 75% of teenage pregnancies occurring among adolescents who are not protecting themselves from HIV infection, other sexually transmitted diseases, and unintended pregnancy (Westoff, 1988). The United States leads all other Western developed countries in rates of adolescent pregnancy, abortion, and childbearing (Hofferth & Hayes, 1987).

SEXUALLY TRANSMITTED DISEASES

During 1992 in Idaho, 39 new cases of gonorrhea and 977 new cases of chlamydia were reported for youth ages 14-19. Additionally, 83 teens were reported to have herpes and four youth were reported to have syphilis (Idaho Department of Health and Welfare, 1992c). Every year 2.5 million U.S. teenagers are infected with an STD; this number represents approximately one of every six sexually active teens and one-fifth of the national STD cases (Centers for Disease Control, 1989b). Of the 12 million new cases of STD per year, 86% are among people age 15-29 (Division of Sexually Transmitted Diseases, 1990). STD may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of HIV transmission (U.S. Department of Health and Human Services, 1990b).

Year 2000 Objectives:

Increase to at least 60% the proportion of sexually active, unmarried young women age 15-19 who used a condom at last sexual intercourse.

Increase to at least 75% the proportion of sexually active, unmarried young men age 15-19 who used a condom at last sexual intercourse.

Reduce gonorrhea among adolescents age 15-19 to no more than 750 cases per 100,000 people.

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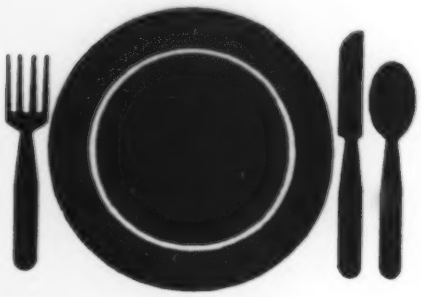
DIETARY BEHAVIORS



The Post Register, August 31, 1993

Add breakfast to your shopping list of this year's school supplies

By Susan Richards

Each year, teachers give

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Schools are being forced to acknowledge the reality that many children won't get breakfast unless it is served at school.

Now 67 districts in Idaho offer

The Times-News, August 19, 1993

Free, reduced-price school meals available

The federal Department of Agriculture has announced the availability of free and reduced-price meals for children unable to pay the full price for meals served under the National School Lunch and Breakfast Program.

Federal income criteria allows free meals to children in homes with an annual salary of up to $9,061 for a household of one. F

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The Post Register, August 31, 1993

'Breakfast club' touted in E. Idaho schools

By Bob Passaro

Breakfast special: 75 cents. Cheese toast, cereal, milk and juice.

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students to take advantage of the morning meal.

In the local district, about 600 students a day eat breakfast. About 4,200 of the district's 7,500 students eat lunch said, the district's child nutrition supervision.

In another district, about 500 breakfasts are served each morning to the district's 11,000 students, compared to 4,900 lunches.

That district wants more students in both their breakfast and lunch programs to try to overcome a deficit in their school lunch program.

The district wants the federally subsidized program to be self-supporting. Last year, the district kicked in about $20,000 to the $1.4 million program.

Other schools offering breakfast for the first time this year.

The Post Register, August 24, 1993

Make sure snacks are nutritious

By Jennifer Snack

Candy may taste dandy, but substituting these sugary treats for healthier after-school snacks can rob children of much needed nutrition.

For children, snacks can be a good supplement to regular meals. But parents should be aware that treat foods and snack foods are often two different foods.

Snacks are healthy foods that children can eat between meals each day to help meet their nutritional needs and should be made abundantly available to children.

Treats, on the other hand, are fun foods that often have little or no nutritional value and should be limited and monitored.

Parents should set guidelines to help ensure that their children select snacks instead of treats, and some pre-planning can help.

The selection of nutritious snacks that children will eat is important.

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Dietary Behaviors

DIETARY BEHAVIORS

Obesity and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among adolescents (Gortmaker, Dietz, Sobol & Wehler, 1987). Obesity acquired during adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, cancer, and gall bladder disease (Public Health Service, 1988). In addition, adolescents often experience social and psychological stress related to obesity (Rotatori & Fox, 1989). Overemphasis on thinness can contribute to eating disorders (Public Health Service, 1988).

Year 2000 Objectives:

Reduce overweight to a prevalence of no more than 20% among people age 20 and older and no more than 15% among adolescents age 12-19.

Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity.

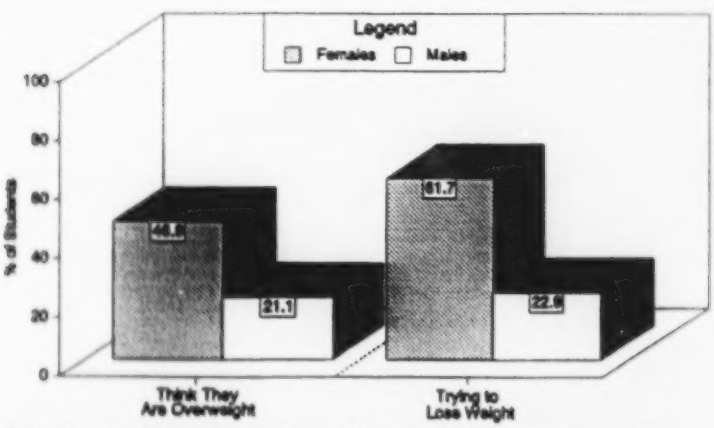
Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people age 2 and older.

Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings for grain products.

Idaho YRBS Results:

- 61.9% of females and 34.3% of males, dieted, exercised, or exercised and dieted in the past week to reduce weight.
- 12.9% of females and 27.6% of males think they are underweight.

Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions, often are consumed at the expense of food high in complex carbohydrates and dietary fiber, considered more conducive to health (Public Health Service, 1988). Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits (Select Panel for the Promotion of Child Health, 1981).

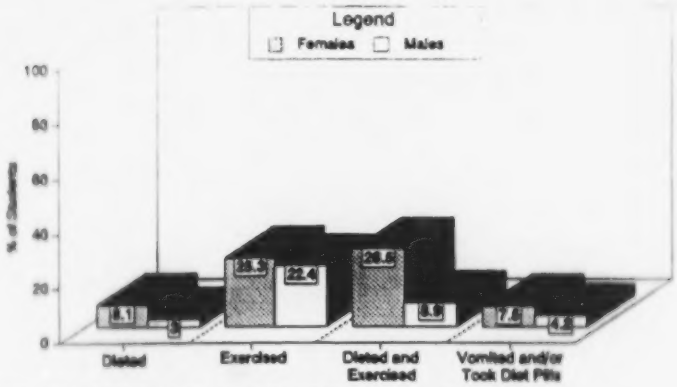


Percentages of Students Who Think They Are Overweight, and the Percentage Who Are Trying to Lose Weight.

Idaho YRBS Results:

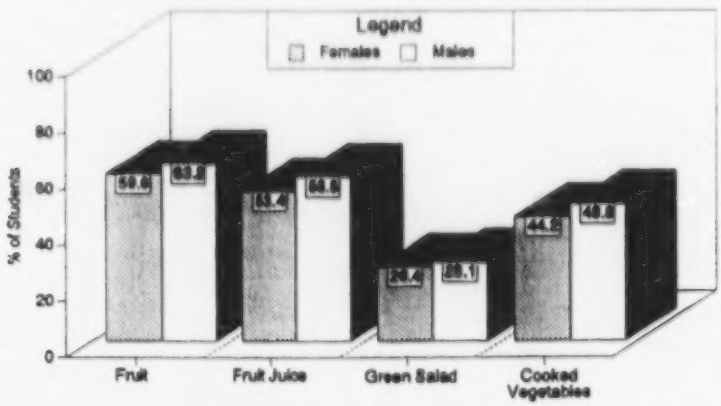
On the day before the survey:

- 61.3% of all students ate fruit. Nearly one-half (48.6%) of those students had more than one serving of fruit on that day.
- 46.4% of all students ate cooked vegetables. 27.2% ate green salad on that day.
- 44.6% of all the students ate hamburger, hot dogs, or sausage the day before the survey.
- 48.5% of all students ate french fries or potato chips.
- 56.1% of all the students ate cookies, doughnuts, pies or cake.
- Only 21.2% of all students reported they ate breakfast 6 or 7 days a week.

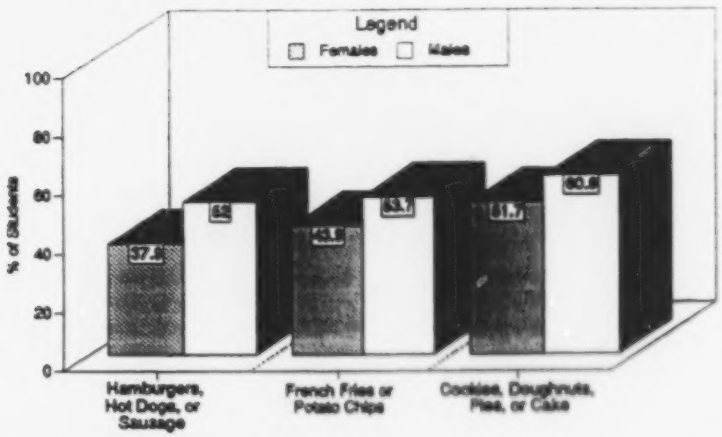


Methods of Weight Control Used During the Past Week.

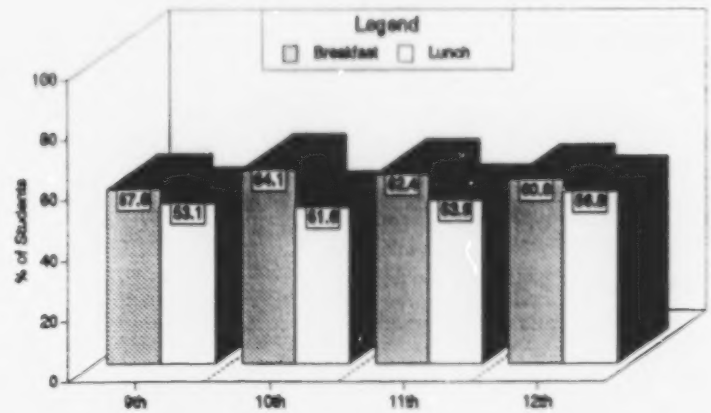
- Only 20.6% of students reported that they eat lunch 6 to 7 times a week.



What Students Ate The Previous Day



What Students Ate The Previous Day



Percentages of Students By Grade Who Eat Breakfast and/or Lunch On At Least Three Days A Week

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PHYSICAL INACTIVITY

The Idaho Statesman, August 21, 1993

Fall Training Kicks In!

By Hale Sheikerz

The last few lazy weeks of summer are the toughest as the countdown to the new school year nears. But while most teens are fine-tuning their tans or getting ready to buy new fall wardrobes some are outside sweating it out as they prepare for school -- the leisure side of school that is.

A junior in high school is quarterback of the football team and his school season has already started.

efore the daily practice
he squad went to a week-
erleading camp in July
ey learned new routines,
d stunts. They also got to
against other squads.
rsity cheerleader says some
also took fitness classes
l weights during summer to
shape.
leading is harder than it
am willing to give up my
to cheerlead. I think it
a chance to be more a part
otball team, specially since
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championship. They were runner-up in '90 and '91.

Football players are not the only ones preparing for the new season. Also in full-gear are students on the softball, basketball, soccer and volleyball teams, as well as band members.

The cheerleaders also began practice this month with three hours of conditioning, aerobics, new routines and cheers five days a week, says a varsity cheerleader.

The Idaho Statesman, August 27, 1993

Doctors: Fear of heart defects shouldn't deter young athletes

By Andrew Garber

Local physicians said the death of a boy on Wednesday shouldn't keep parents from letting their children participate in school sports.

The 13-year-old football player died after a light workout because of a heart defect, not asthma as first suspected, officials said.

Although heart defects are one of the biggest killers of youths in sports nationally -- along with head injuries and heat stroke -- it's still rare, doctors said. The incidence of exercise-related death from heart defects is 0.2 to 0.5 per 100,000 annually among adolescents.

"This shouldn't be used as a reason to limit involvement" in sports, a doctor had said.

The doctor said heart defects can be picked up during physicals required in 9th grade. But sometimes are missed unless expensive tests are performed, he said.

But given the rarity of the problem, it's not worth spending a lot of money on such tests, he said.

The doctor said other medical conditions, such as asthma and diabetes, also should not pose a barrier to participating in sports, unless the family doctor says so.

Physical exam policies for Idaho: Physicals are required for all freshman who plan to participate in sports. Annual physicals are not required thereafter although questionnaires must be completed annually.

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Physical Inactivity

PHYSICAL INACTIVITY

Regular physical activity increases life expectancy (Paffenbarger, Hyde, Wing, & Hsieh, 1986). Regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Caspersen, DeFriese, & Estes, 1989). The quantity and quality of school physical education programs can have a significant positive effect on the health-related fitness of children (U.S. Department of Health and Human Services, 1985, 1987).

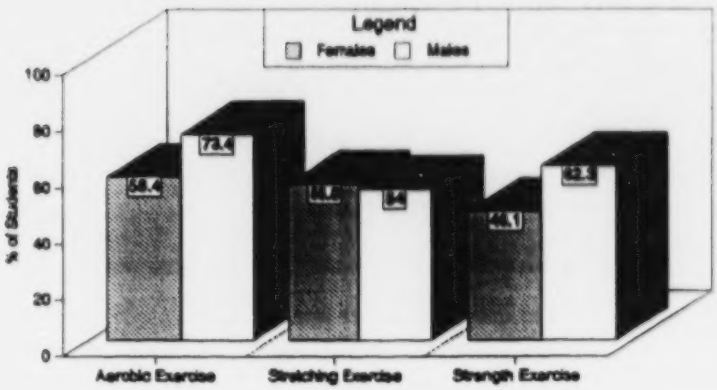
Year 2000 Objectives:

Increase to at least 30% the proportion of people age 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Increase to at least 20% the proportion of people age 18 and older and to at least 75% the proportion of children and adolescents age 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Reduce to no more than 15% the proportion of people age 6 and older who engage in no leisure-time physical activity.

Increase to at least 40% the proportion of people age 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and muscular flexibility.



Percentages of Students Who Exercised on 3 or More Days of the Past 7 Days

Idaho YRBS Results:

- 65.5% of all students reported having participated in activities that made them sweat or breathe hard 3 times or more during the past 7 days.
- 53.8% of all 10th grade students and 31.3% of all 12th grade students were participating in a physical education class on a daily basis.
- Of those enrolled in a Physical Education class, 83.3% spent more than 20 minutes actually exercising or playing sports during an average class period.

- 57.3% of males and 39.5% of females participated on one or more sports teams run by their school during the past 12 months. 52.7% of males and 39.3% of females played on one or more sports teams run by organizations outside their school during the past 12 months.

- 36.0% of all 9th grade students and 20.7% of all 12th grade students walked or bicycled for at least 30 minutes on 3 or more of the past 7 days.

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SCHOOL HEALTH EDUCATION SURVEY

School Health Education Survey

Results of the *1992 Idaho School Health Education Survey* of secondary schools are summarized in this section. A combination of personal interviews, telephone interviews, and written surveys provided information about the nature and extent of health education being implemented in Idaho's secondary schools. A full description of survey methods was presented in a previous report (Gray, 1992).

Youth Risk Behavior Survey results indicate that students in Idaho continue to engage in the behaviors that lead to the most serious health and social problems of adolescence and adulthood. These risk behaviors carry a substantial cost – not only the social and financial costs to individuals and their families, but also significant costs are borne by society in the form of higher taxes, higher health care costs, and lost productivity. Many of the health and social problems experienced by young and old alike are preventable.

Many of the health and social problems experienced by young and old alike are preventable.

Comprehensive School Health Programs

Comprehensive School Health Programs can assist parents and communities in encouraging youth to adopt healthy behaviors and enjoy happy, productive lives. Research has established that schools can provide accurate information and repeated opportunities for students to develop skills that will enable them to reduce their health risk behaviors (Connell, Turner, & Mason, 1985; Glynn, 1989; Errecart et al., 1991).

"Schools could do more perhaps than any other agency in society to help young people, and the adults they will become, to live healthier, longer, more satisfying and more productive lives."
- Allensworth & Kolbe, 1987 -

Effective Comprehensive School Health Programs involve eight components:

School Health Education

School-based comprehensive health education programs are the cornerstone of successful school health programs. Effective education for any category of health risk behavior is best accomplished within a comprehensive program emphasizing behavior change and the development of risk-reduction skills. Successful programs incorporate a planned sequential K-12 curriculum that addresses each of the priority health risk behaviors and utilizes skills-based educational strategies grounded in appropriate theory.

School Physical Education

Successful school physical education programs establish a schoolwide focus on health. Such programs enhance physical fitness, promote a healthy lifestyle, and develop health enhancing behaviors that will carry into adulthood. Organized instruction which is based on a sequential, written curriculum and taught by a trained teacher independently from other sports and recess activities, are important characteristics of successful programs (Pate, Corbin, Simons-Morton & Ross, 1987). Effective school physical education programs incorporate activities designed to promote each student's optimum physical, mental, social, and emotional development.

School Health Services

High quality school health services are designed to ensure access and appropriate use of primary health care including: prevention and control of communicable and other health problems; emergency care for illness and injury; provision of a safe school facility and school environment; and health education and counseling to promote the maintenance of individual, family, and community health. These services may be provided by health professionals including physicians, nurses, dentists and health educators.

School Nutrition/Food Services

Effective school food service programs teach children the value of a nutritionally balanced diet through participation in the nutritionally sound school food service program; develop locally appropriate curricula and materials; and coordinate and participate in nutrition instruction with health instructors (Frank Vaden, & Martinet, 1987). Meals reflect the U.S. Dietary Guidelines for Americans and other nutritional quality criteria. Services are provided by qualified child nutrition professionals.

School Health Environment

Successful schools provide a safe environment -- free from hazards, drugs, tobacco, and violence -- to maximize the physical safety and psycho-social health of students and staff. The site and location of the school, and procedures for handling biological hazards, chemical hazards, and physical hazards are important aspects of a school environment program (Rowe, 1987). The emotional climate of the school is an important factor in providing an environment in which students are ready and able to learn (Redican, Olsen, & Baffiet, 1986; Schultz, Glass, & Kamholtz, 1987).

School Psychology/Counseling

In addition to providing vocational and developmental guidance, the school counselor attends to the mental, emotional, and social well-being of students through broad-based assessment, intervention, and referrals. The organizational assessment and consultation skills of counselors, psychologists, and social workers contribute to the overall health of students and the school environment.

Worksite Health Promotion

Health-related assessments, education, and fitness activities encourage and motivate school staff to maintain healthy lifestyles. School site health promotion programs for staff promote better health, improve morale, and encourage a greater personal commitment to the school's comprehensive health program and the health of students.

Schools also realize economic and productivity benefits, and students benefit from contact with positive role models and develop an increased interest and awareness of health.

Integrated School & Community Resources

It is essential that community and school provide a united message to school-age youth. An integrated school, parent, and community approach can build support for school health programs to enhance the health and well-being of students. Schools should actively involve parents and community resources to respond to the health needs of students.

What are Idaho schools doing to assist youth in adopting healthy behaviors?

Effective school health programs incorporate each element within a coordinated, comprehensive framework. Because effective school health education is crucial to the success of comprehensive school health programs, the *1992 Idaho School Health Education Survey* concentrated on the health education being provided in Idaho's secondary schools.

An effective school health education program is crucial to the success of school health programs

Components of Effective School Health Education

Effective health education is best accomplished within a comprehensive program that emphasizes behavior change and the development of risk-avoidance and risk-reduction skills. Successful programs include the following elements:

- Address each of the priority health risk behaviors;
- Incorporate skills-based curricula grounded in appropriate theory;
- Provide for adequate instructional time;
- Provide repeated exposure throughout all grades in school;
- Coordinate school-wide health education; and
- Teach through persons who are adequately trained and interested in teaching about a variety of health topics.

In addition, skills-based teacher training and follow-up, peer teacher assistants, parental support, and school-wide and community media programs are important elements of successful programs. Such programs

emphasize the development of skills and self-esteem, nurture social bonding to conventional units of socialization, and provide recognition and reinforcement for newly acquired skills and positive health behaviors.

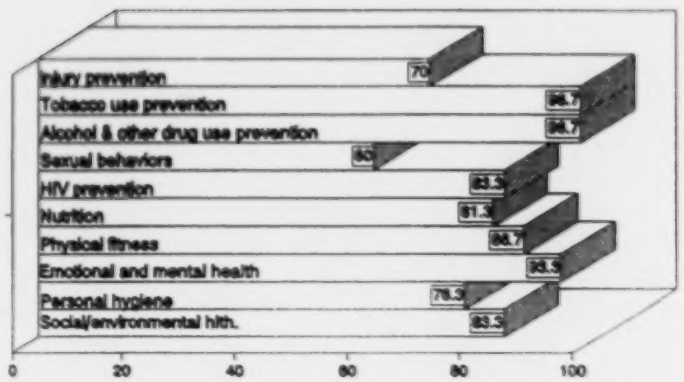
Effective school health education programs address:

- ☐ Injury prevention
- ☐ Tobacco use
- ☐ Alcohol and other drug use
- ☐ Sexual behaviors
- ☐ HIV and other STD prevention
- ☐ Nutrition
- ☐ Physical fitness
- ☐ Emotional and mental health
- ☐ Personal hygiene
- ☐ Social and environmental health

RESULTS

When asked about the health education offered in their schools, Idaho principals and teachers reported the following:

- 100% of principals and teachers reported that a formal health education class was offered in their school.
- 97% of principals reported that health education was required for advancement.

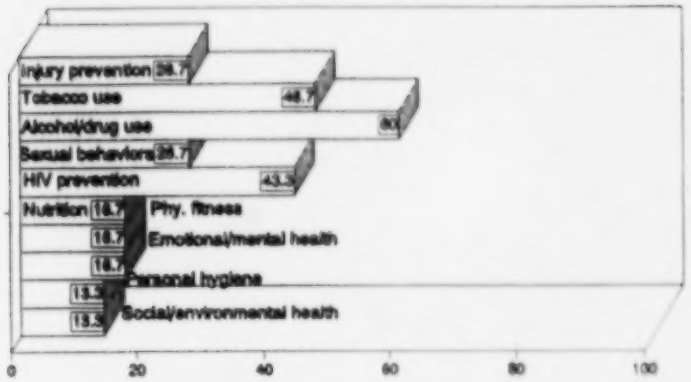


Percentage of Schools Teaching Important Health Topics as Part of the Health Education Class

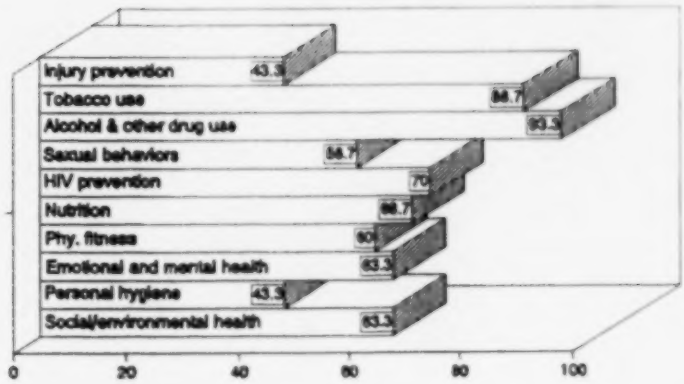
- 80% of schools taught the health education class over one quarter or semester term, and 20% reported teaching the class over two terms.
- 29% of teachers reported their school had a formal system to coordinate health education.

While nearly all schools report providing health education about most important health topics in the context of a specific health education class, this does not ensure that Idaho students participate in instruction that is effective in assisting them to adopt healthy behaviors and avoid preventable health and social problems. While many factors operate to promote effective health education in schools, a properly designed and implemented health education class is crucial to the well-being of Idaho's youth.

Many teachers rely on self-developed lesson plans to provide health education in their classrooms. A fairly high percentage of teachers report that they incorporate skills building practice into the health instruction they provide to students.



Percentage of Schools Utilizing Specialized Curricula to Teach About Important Health Topics.



Percentage of Schools Incorporating Skills-Building Practice Into Instruction About Important Health Topics

School administrators cite the lack of funding and community resistance as important limitations to providing effective health education to Idaho youth. Teachers also cite the lack of time devoted to health topics and inadequate instructional resources as limitations.

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During the Spring, 1993, a census (n = 258) of Idaho secondary schools was asked to provide information about the education on sexually transmitted diseases (STDs) provided in their schools. Of the schools surveyed, 170 (66.0%) completed and returned the survey. Of those:

- Nearly all (96.5%) schools provided instruction about STDs, with 88.2% of schools providing STD education in a formal health education class.
- Although just one-third (35.3%) of schools reported that instruction about STDs is required for advancement or graduation, an average of 87.4% of students in these schools receive some kind of instruction about STDs prior to advancement or graduation.
- Mostly classroom teachers (88.8%) provide STD instruction, with 69.4% of the teachers and 30.0% of school nurses having participated in formal STD education inservice training during the previous year.
- One-half (52.4%) of the schools reported their district had a specific, written communicable disease policy which addresses persons with STDs in their school.
- Most respondents (81.7%) rated instruction about STDs in their school as "Extremely Important" or "Very Important." Just 38.3% rated their school's instruction about STDs in assisting students to adopt healthy behaviors as "Extremely Effective" or "Very Effective."

As with other important health topics, education about STDs is most effective when several key components are in place in a school. 11.8% of Idaho secondary schools surveyed reported instruction about STDs was provided in their school, that it was required and taught in a formal health education class by trained teachers, and that instruction was guided by a written policy and district advisory committee. These results suggest that few schools combine the key components of effective education about STDs, and that improvements will be needed to provide students with opportunities to develop the skills needed to choose and maintain healthy behaviors.

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Summary and Conclusions

Results from the *1993 Idaho Youth Risk Behavior Survey* indicate youth in Idaho continue to engage in behaviors that put them at risk for the significant mortality, morbidity, disability, and social problems extending from youth to adulthood.

Too few Idaho students always wear seatbelts when riding in a car (24.4%) or helmets when riding on motorcycles (30.0%) and bicycles (1.3%). Too many males carry guns and other weapons (44.6%) and the rate of violence in Idaho Schools is too high. One in four students seriously considered attempting suicide. The rates of alcohol, tobacco, and other drug use among Idaho students are similar to youth in other states. Data from sources other than this survey indicate that a significant number of Idaho students are engaging in sexual behaviors that put them at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy. Finally, survey results reveal that Idaho students' dietary behaviors and levels of physical activity could be improved.

Effective school-based health education programs are needed to reduce these behaviors and to provide students with the opportunity to replace them with healthy behaviors. Results of the *1992 Idaho School Health Education Survey* indicate that while the infrastructure is in place in Idaho schools, improvements will be needed in order to provide effective comprehensive health education to all students.

To provide students with the kinds of educational programs that will enable them to adopt healthy behaviors and avoid preventable diseases, the active support of school administrators, school board members, teachers, and parents will be needed. Hopefully this report will stimulate useful discussions among educators, parents, and youth across Idaho about the design and implementation of effective comprehensive health education programs.

For more information about effective health education programs and assistance in developing such programs in your district please contact the Idaho Department of Education.

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